Little Folks University Medication Release Chart

Name of Child _____

Children receiving medication from a staff member at this center must have:

1. **Original prescription bottle with drug name, date, child's name, prescribing physician's name, dose, time, and dates to be given.**

2. **This form completed by parent or guardian for any prescription or over the counter medication.**

Medication Information:

Reason for Medication _____

Name of Medication _____

Dosage _____

Times to be Given _____

Dates to be Given _____

Parent/Guardian Signature _____ Today's Date _____

Date	Time	Medication	Dose	Given By